



<b>St Luke's</b> HOSPITAL & Health Network 801 OSTRUM STREET BETHLEHEM PA 18015 ATTN: RECEIVING PO# SARGENT ENTERPRISES, INC. PO BOX 193 JIM THORPE PA 18229		PURCHASING DEPARTMENT 610-954-4797 FAX #610-954-4798 PA SALES TAX EXEMPT I.D. NO. 75-04338-1 FEDERAL TAX I.D. NO. 23-132213		<b>PURCHASE ORDER</b> NO. 295880 SUBJECT TO TERMS AND CONDITIONS ON REVERSE SIDE	
PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, PACKAGING AND CORRESPONDENCE SEND SHIPPING NOTICES AND ACKNOWLEDGEMENT TO PURCHASING DEPT. ADDRESS ALL SHIPMENTS TO THE HOSPITAL RECEIVING DEPT. HOURS 8 A.M. TO 1 P.M. THE HOSPITAL WILL NOT BE RESPONSIBLE FOR DELIVERIES MADE AT ANY OTHER TIME OR TO ANY OTHER DESTINATION. SEND INVOICES TO: ST. LUKE'S HOSPITAL, P.O. BOX 5346, BETHLEHEM, PA 18015					
VENDOR RICK SEARFOS (570) 325-8000		FOB Hospital SHIP VIA Best Way		P.O. DATE 11/26/96 DATE RECEIVED 11/28/96	
TERMS 0.000% / 30		HOSPITAL ITEM NUMBER		DEPARTMENT CODE	
QUANTITY 1 EA INV9782		DESCRIPTION RECEIVING INFORMATION: EB 25-96 ENG *ASBESTOS REMOVAL CW5 FLOOR INVOICE #9782 ATTACHED		UNIT PRICE 650.0000	
LINE ITEM 1				650.00	
				<b>TOTAL 650.00</b>	
8. Material Safety Data Sheets (MSDS) must be provided where applicable.					
9. Items on this order may be subject to PA Sales and Use Tax where applicable.					
10. It is the policy of St. Luke's Hospital not to pay handling fees, minimum order charges, or late payment charges.					
BY _____ AUTHORIZED SIGNATURE					

<b>St Luke's</b> HOSPITAL & Health Network ATTN: RECEIVING PCSI 901 OSTRUM STREET BETHLEHEM PA 18015		PURCHASING DEPARTMENT 610-954-4797 FAX 610-954-4798 PA SALES TAX EXEMPT I.D. NO. 75-04339-1 FEDERAL TAX I.D. NO. 23-135213		<b>PURCHASE ORDER</b> NO. 291795	
VENDOR SARGENT ENTERPRISES, INC. PO BOX 193 JIM THORPE PA 18229		PG 1 PACKAGING AND CORRESPONDENCE SEND SHIPPING NOTICES AND ACKNOWLEDGEMENT TO PURCHASING DEPT. ADDRESS ALL SHIPMENTS TO THE HOSPITAL. RECEIVING DEPT. HOURS 8 A.M. TO 5 P.M. THE HOSPITAL WILL NOT BE RESPONSIBLE FOR DELIVERIES MADE AT ANY OTHER TIME OR TO ANY OTHER DESTINATION. SEND INVOICES TO: ST. LUKE'S HOSPITAL, P.O. BOX 5345, BETHLEHEM, PA 18015			
RICK SEARFOSS (570) 325-8000 VENDOR NO. 676		FOB Hospital 0.000% / 30		SHIP VIA Best Way P.O. DATE 10/14/96 10/15/96	
LINE 1	QUANTITY 1	UNIT EA	ORDER INV 9746	HOSPITAL ITEM NUMBER RECEIVING INFORMATION: ENGINEERING BB17-97*TICKET MATT *WIPE SAMPLES FOR ASBESTOS REFERENCE #96077/SCI APPROVED BY ANITA KINGSBAUER, 9/18/96 INVOICE ATTACHED # 9746	DEPARTMENT CODE 1477-73600
				UNIT PRICE 300.0000	EXTENSION 300.00
				<b>TOTAL</b> 300.00	
8. Material Safety Data Sheets (MSDS) must be provided where applicable.				BY _____ AUTHORIZED SIGNATURE	
9. Items on this order may be subject to PA Sales and Use Tax where applicable.					
10. It is the policy of St. Luke's Hospital not to pay handling fees, minimum order charges, or late payment charges.					

<b>St. Luke's</b> HOSPITAL & Health Network		ATTN: RECEIVING PO# 801 OSTRUM STREET BETHLEHEM PA 18015		PURCHASING DEPARTMENT 610-954-4797 FAX #610-954-4798 PA SALES TAX EXEMPT ID. NO. 75-04338-1 FEDERAL TAX ID. NO. 23-155213		<b>PURCHASE ORDER</b> NO. 291088		
VENDOR SARGENT ENTERPRISES, INC. PO BOX 193 JIM THORPE PA 18229				PG 1 PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES. PACKING LISTS, PACKAGING AND CORRESPONDENCE SEND SHIPPING NOTICES AND ACKNOWLEDGEMENT TO PURCHASING DEPT. ADDRESS ALL SHIPMENTS TO THE HOSPITAL. RECEIVING DEPT. HOURS 8 A.M. TO 1 P.M. THE HOSPITAL WILL NOT BE RESPONSIBLE FOR DELIVERIES MADE AT ANY OTHER TIME OR TO ANY OTHER DESTINATION. SEND INVOICES TO: ST. LUKE'S HOSPITAL, P.O. BOX 5345, BETHLEHEM, PA 18015				
RICK SEARFOSS (570) 325-8000 VENDOR NO. 676				FOB Hospital SHIP VIA Best Way P.O. DATE 10/06/96 DATE REQUIRED 12/05/96				
LINE 1	QUANTITY 1	UNIT EA	VENDOR'S ITEM NUMBER 0.000% / 30	DESCRIPTION *****CONFIRM ONLY-DO NOT DUPLICATE***** RECEIVING INFORMATION: ENG EB 26-97 * TICKET MATT *REMOVE ASBESTOS IN AREA OF PUMP ROOM APPROXIMATELY 100 FT OF INSULATION. REFERENCE QUOTE OF 9/9/96 PLEASE SCHEDULE THIS WORK WITH JIM HALL, ENGINEERING 954-4255. REFER TO THIS PO NUMBER ON INVOICES. ORDER ATTENTION: RICK SEARFOSS FAX 717-325-8010	HOSPITAL ITEM NUMBER 1474-73600	DEPARTMENT CODE 1474-73600	UNIT PRICE 950.0000	EXTENSION 950.00
8. Material Safety Data Sheets (MSDS) must be provided where applicable.							TOTAL 950.00	
9. Items on this order may be subject to PA Sales and Use Tax where applicable.								
10. It is the policy of St. Luke's Hospital not to pay handling fees, minimum order charges, or late payment charges.								
BY _____ AUTHORIZED SIGNATURE								

**St Luke's**  
HOSPITAL  
& Health Network

ATTN: RECEIVING PO#  
801 OSTRUM STREET  
BETHLEHEM PA 18015

VENDOR

SARGENT ENTERPRISES, INC.  
PO BOX 193

JIM THORPE

PA 18229

PG 1

RICK SEARFOSS (570) 325-8000

VENDOR NO. TERMS

676 0.00% / 30

FOB

Hospital

SHIP VIA

Best Way

P.O. DATE

10/06/96

DATE REQUIRED

12/05/96

LINE ITEM	QUANTITY	UNIT OF ORDER	VENDOR'S ITEM NUMBER	DESCRIPTION	HOSPITAL ITEM NUMBER	DEPARTMENT CODE	UNIT PRICE	EXTENSION
1	1	EA		RECEIVING INFORMATION: ENG EB 26-97 * TICKET MNTY *REMOVE ASBESTOS CWS AC #2 REFERENCE QUOTE OF 9/18/96. SCHEDULE ALL WORK WITH JIM HALL ENGINEERING 954-4255 REFER TO THIS PO NUMBER ON ALL INVOICES. ORDER ATTENTION: RICK SEARFOSS 717-325-8010	1474-73600		1250.0000	1250.00

PURCHASING DEPARTMENT  
610-954-4797  
FAX #610-954-4798  
PA SALES TAX EXEMPT I.D. NO. 76-04399-1  
FEDERAL TAX I.D. NO. 23-135213

PURCHASE  
ORDER

NO. 291089

SUBJECT TO TERMS  
AND CONDITIONS  
ON REVERSE SIDE

PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES. PACKING LISTS,  
PACKAGING AND CORRESPONDENCE  
SEND SHIPPING NOTICES AND ACKNOWLEDGEMENT TO PURCHASING DEPT.  
ADDRESS ALL SHIPMENTS TO THE HOSPITAL. RECEIVING DEPT. HOURS 8 A.M.  
TO 1 P.M.  
THE HOSPITAL WILL NOT BE RESPONSIBLE FOR DELIVERIES MADE AT ANY  
OTHER TIME OR TO ANY OTHER DESTINATION.  
SEND INVOICES TO: ST. LUKE'S HOSPITAL, P.O. BOX 5345, BETHLEHEM, PA 18015

8. Material Safety Data Sheets (MSDS) must be provided where applicable.

9. Items on this order may be subject to PA Sales and Use Tax where applicable.

10. It is the policy of St. Luke's Hospital not to pay handling fees, minimum order charges, or late payment charges.

TOTAL

1,250.00

BY

AUTHORIZED SIGNATURE

14541 Rev 12/99



ATTN: RECEIVING PO#  
801 OSTRUM STREET  
BETHLEHEM PA 18015

SARGENT ENTERPRISES, INC.  
PO BOX 193  
JIM THORPE PA 18229

PG 1

PURCHASING DEPARTMENT 610-954-4797 FAX #610-954-4798 PA SALES TAX EXEMPT I.D. NO. 75-04339-1 FEDERAL TAX I.D. NO. 23-1352213		PURCHASE ORDER NO. 282830	
PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, PACKAGING AND CORRESPONDENCE SEND SHIPPING NOTICES AND ACKNOWLEDGEMENT TO PURCHASING DEPT. ADDRESS ALL SHIPMENTS TO THE HOSPITAL. RECEIVING DEPT. HOURS 8 A.M. TO 1 P.M. THE HOSPITAL WILL NOT BE RESPONSIBLE FOR DELIVERIES MADE AT ANY OTHER TIME OR TO ANY OTHER DESTINATION. SEND INVOICES TO: ST. LUKE'S HOSPITAL, P.O. BOX 5345, BETHLEHEM, PA 18015			
SUBJECT TO TERMS AND CONDITIONS ON REVERSE SIDE			

RICK SEARFOSS (570) 325-8000

VENDOR NO. 676

TERMS 0.000% / 30

SHIP VIA Best Way

P.O. DATE 06/27/96

DATE REQUIRED 08/26/96

EXTENSION

HOSPITAL ITEM NUMBER

DEPARTMENT CODE

UNIT PRICE

DESCRIPTION

RECEIVING INFORMATION: ENGINEERING EB 25-96 \* TICKET MATT  
\*REMOVAL OF ASBESTOS CONTAMINATION  
OF CENTENNIAL WING SUB-BASEMENT AS PER  
#P-0360-SCI DATED 4/15/96.  
\$39640.00 FOR ASBESTOS REMOVAL; \$12450  
DECONTAMINATION.  
THESE AMOUNTS ARE FOR "NOT TO EXCEED"  
IS UNDERSTOOD THAT THE AMOUNTS MAY BE  
LESS.  
PLEASE SCHEDULE PROJECT WITH JIM HALL,  
ENGINEERING AT  
PHONE 610-954-4255.

ORDER ATTENTION: RICK SEARFOSS  
\*REMOVAL OF ASBESTOS CONTAMINATION  
\*REMOVAL OF ASBESTOS CONTAMINATION  
\*REMOVAL ASBESTOS CONTAMINATION XRAY ADD

1 1 EA INV 9767

2 1 EA INV 9768

3 1 EA INV 9780

4 1 EA INV 9781

9984.0000

9984.00

6419.0000

42136.0000

3871.0000

6419.00

42136.00

3871.00

TOTAL 62,410.00

BY

AUTHORIZED SIGNATURE



ATTN: RECEIVING PO  
801 OSTRUM STREET  
BETHLEHEM PA 18015

VENDOR

SARGENT ENTERPRISES, INC.  
PO BOX 193

JIM THORPE PA 18229

PG 1

PURCHASING DEPARTMENT  
610-954-4797  
FAX #610-954-4798  
PA SALES TAX EXEMPT I.D. NO. 75-04339-1  
FEDERAL TAX I.D. NO. 23-135213

PURCHASE  
ORDER

NO. 274086

SUBJECT TO TERMS  
AND CONDITIONS  
ON REVERSE SIDE

PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES. PACKING LISTS,  
PACKAGING AND CORRESPONDENCE  
SEND SHIPPING NOTICES AND ACKNOWLEDGEMENT TO PURCHASING DEPT.  
ADDRESS ALL SHIPMENTS TO THE HOSPITAL, RECEIVING DEPT. HOURS 8 A.M.  
TO 1 P.M.  
THE HOSPITAL WILL NOT BE RESPONSIBLE FOR DELIVERIES MADE AT ANY  
OTHER TIME OR TO ANY OTHER DESTINATION.  
SEND INVOICES TO: ST. LUKE'S HOSPITAL, P.O. BOX 5345, BETHLEHEM, PA 18015

RICK SEARFOSS (570) 325-8000

VENDOR NO. 576 QUANTITY 1 UNIT EA ORDER 0.000% / 30

TERMS 0.000% / 30

SHIP VIA OWN VEHICLE

P.O. DATE 03/14/96

DATE REQUIRED 03/19/96

EXTENSION

UNIT PRICE 950.0000

950.00

DEPARTMENT CODE 1474-73600

HOSPITAL ITEM NUMBER 7

DESCRIPTION

\*\*\*\*\*CONFIRM ONLY-DO NOT DUPLICATE\*\*\*\*\*

RECEIVING INFORMATION: ENG 25-96 \* TICKET TO MATT

\*REMOVAL OF ASBESTOS IN NORTHWING LOBBY

NW5 WARNING CLOSET, AND BOILER HOUSE PUMP ROOM.

COORDINATE WITH ENGINEERING JIM HALL 610/954-4250.

WORK TO BE COMPLETED SECOND WEEK OF MARCH 1996.

ATTENTION: RICK SEARFOSS

8. Material Safety Data Sheets (MSDS) must be provided where applicable.

9. Items on this order may be subject to PA Sales and Use Tax where applicable.

10. It is the policy of St. Luke's Hospital not to pay handling fees, minimum order charges, or late payment charges.

TOTAL 950.00

BY AUTHORIZED SIGNATURE



ATTN: RECEIVING PO#  
801 OSTRUM STREET  
BETHLEHEM PA 18015

PG 1

SARGENT ENTERPRISES, INC.  
PO BOX 193

JIM THORPE PA 18229

VENDOR

PURCHASING DEPARTMENT  
610-854-4797  
FAX #610-854-4798  
PA SALES TAX EXEMPT I.D. NO. 75-04338-1  
FEDERAL TAX I.D. NO. 23-1352213

PURCHASE  
ORDER

NO. 266112

SUBJECT TO TERM:  
AND CONDITIONS  
ON REVERSE SIDE

PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS,  
PACKAGING AND CORRESPONDENCE  
SEND SHIPPING NOTICES AND ACKNOWLEDGEMENT TO PURCHASING DEPT.  
ADDRESS ALL SHIPMENTS TO THE HOSPITAL. RECEIVING DEPT. HOURS 8 A.M.  
TO 1 P.M.  
THE HOSPITAL WILL NOT BE RESPONSIBLE FOR DELIVERIES MADE AT ANY  
OTHER TIME OR TO ANY OTHER DESTINATION.  
SEND INVOICES TO: ST. LUKE'S HOSPITAL P.O. BOX 5345, BETHLEHEM, PA 18015

RICK SEARFOSS (570) 325-8000

VENDOR NO. 676 TERMS 0.000% / 30 FOB Hospital SHIP VIA Best Way P.O. DATE 11/27/95 DATE REQUIRED 11/27/95

LINE ITEM	QUANTITY	UNIT OF ORDER	VENDOR'S ITEM NUMBER	DESCRIPTION	HOSPITAL DEPARTMENT NUMBER CODE	UNIT PRICE	EXTENSION
1	1	EA	5410	*****CONFIRM ONLY-DO NOT DUPLICATE***** RECEIVING INFORMATION: ENG ADMIN/BB 9-95 *ASBESTO REMOVAL OB CLINIC/EW2 - 8/22/95  INVOICE ATTACHED #410 OF 9/15/95	1477-73600	440.0000	440.00

8. Material Safety Data Sheets (MSDS) must be provided where applicable.

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TOTAL

440.00

BY

AUTHORIZED SIGNATURE

14541 Rev. 12/99



**St Luke's**  
HOSPITAL  
a Health Network

ATTN: RECEIVING PO  
801 OSTRUM STREET  
BETHLEHEM PA 18015

VENDOR

SARGENT ENTERPRISES, INC.  
PO BOX 193

JIM THORPE PA 18229

PG 1

RICK SEARFOSS(570)325-8000

VENDOR NO. TERMS

676 0.000% / 30

FOB

Hospital

SHIP VIA

Best Way

P.O. DATE

11/14/95

DATE REQUIRED

12/04/95

EXTENSION

UNIT PRICE

DEPARTMENT CODE

HOSPITAL ITEM NUMBER

DESCRIPTION

VENDOR'S ITEM NUMBER

UNIT OF MEASURE

QUANTITY

LINE ITEM

5795.00

5795.0000

\* TICKET MATT  
1474-73600

184-95

RECEIVING INFORMATION: RAD/ANGIO ROOM/EE  
\*REMOVE ASBESTOS FIREPROOFING ABOVE  
CEILING

1 EA INV 9629

1

PER PROPOSAL #P-0332 OF 10/20/95

PLEASE SCHEDULE W/ANITA KINGSBAUER, ENG  
AT 610-954-4275

FAX - 717-325-8010

ATTN - RICK SEARFOSS

\*ADDITIONAL WORK ANGIO SUITE

1 EA INV 9629

2

450.0000

1474-73600

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TOTAL

6,245.00

BY

AUTHORIZED SIGNATURE

14541 Rev. 12/99

<b>St Luke's HOSPITAL</b> & Health Network SARGENT ENTERPRISES, INC. PO BOX 193 JIM THORPE PA 18229 ATTN: RECEIVING PO# 801 OSTRUM STREET BETHLEHEM PA 18015		PURCHASING DEPARTMENT 610-964-4797 FAX #610-954-4798 PA SALES TAX EXEMPT I.D. NO. 75-04338-1 FEDERAL TAX I.D. NO. 23-1362213		<b>PURCHASE ORDER</b> NO. 263923 SUBJECT TO TERMS AND CONDITIONS ON REVERSE SIDE			
VENDOR RICK SEARFOSS(570)325-8000 VENDOR NO. 676		PG 1 FOB Hospital SHIP VIA Best May P.O. DATE 10/26/95 DATE REQUIRED 11/25/99		PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, PACKAGING AND CORRESPONDENCE SEND SHIPPING NOTICES AND ACKNOWLEDGEMENT TO PURCHASING DEPT. ADDRESS ALL SHIPMENTS TO THE HOSPITAL, RECEIVING DEPT. HOURS 8 A.M. TO 1 P.M. THE HOSPITAL WILL NOT BE RESPONSIBLE FOR DELIVERIES MADE AT ANY OTHER TIME OR TO ANY OTHER DESTINATION. SEND INVOICES TO: ST. LUKE'S HOSPITAL, P.O. BOX 6345, BETHLEHEM, PA 18015			
LINE ITEM 676	QUANTITY 1	UNIT OF MEASURE EA	VENDOR'S ITEM NUMBER 0.000% / 30	DESCRIPTION *****CONFIRM ONLY-DO NOT DUPLICATE***** RECEIVING INFORMATION: ENG\J.HALL.EB. 25-96 ASBESTOS REMOVAL REMOVE ASBESTOS INSULATION IN BOILER HOUSE PUMP ROOM AS PER PROPOSAL #P-0331 DATED 10/17/95. NOT TO EXCEED 1385.00 PLEASE CONTACT JIM HALL, ST. LUKES ENGINEERING DEPT. 954-4250	HOSPITAL DEPARTMENT CODE 1474-73600 ROOM	UNIT PRICE 1385.0000	EXTENSION 1385.00
8. Material Safety Data Sheets (MSDS) must be provided where applicable.							
9. Items on this order may be subject to PA Sales and Use Tax where applicable.							
10. It is the policy of St. Luke's Hospital not to pay handling fees, minimum order charges, or late payment charges.							
TOTAL						1,385.00	
BY _____ AUTHORIZED SIGNATURE							

4511 Rev. 12/99

**St Luke's**  
HOSPITAL  
& Health Network

ATTN: RECEIVING PO#  
801 OSTRUM STREET  
BETHLEHEM PA 18015

VENDOR

SARGENT ENTERPRISES, INC.  
PO BOX 193  
JIM THORPE PA 18229

RICK SEARFOSS (570) 325-8000

VENDOR NO. TERMS

676 0.000% / 30

FOB

Hospital

SHIP VIA

Best Way

P.O. DATE

DATE REQUIRED

10/17/95 12/01/95

EXTENSION

UNIT PRICE

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<b>PURCHASING DEPARTMENT</b> 610-954-4797 FAX #610-964-4798 PA SALES TAX EXEMPT I.D. NO. 75-04339-1 FEDERAL TAX I.D. NO. 23-1352219		<b>PURCHASE ORDER</b> NO. 259567	
<b>PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, PACKAGING AND CORRESPONDENCE</b> SEND SHIPPING NOTICES AND ACKNOWLEDGEMENT TO PURCHASING DEPT. ADDRESS ALL SHIPMENTS TO THE HOSPITAL, RECEIVING DEPT. HOURS 9 A.M. TO 1 P.M. THE HOSPITAL WILL NOT BE RESPONSIBLE FOR DELIVERIES MADE AT ANY OTHER TIME OF TO ANY OTHER DESTINATION. SEND INVOICES TO: ST. LUKE'S HOSPITAL, P.O. BOX 5345, BETHLEHEM, PA 18015		<b>SUBJECT TO TERM: AND CONDITIONS ON REVERSE SIDE</b>	
<b>VENDOR</b> RICK SEARFOSS (570) 325-8000 VENDOR NO. 17783		<b>SHIP VIA</b> Best Way	
<b>ATTN: RECEIVING FOR</b> 801 OSTRUM STREET BETHLEHEM PA 18015		<b>P.O. DATE</b> 08/23/95	
<b>PG</b> 1		<b>DATE REQUIRED</b> 08/23/95	
<b>SARGENT ENTERPRISES, INC.</b> PO BOX 193 JIM THORPE PA 18229		<b>EXTENSION</b> 3375.00	
<b>DESCRIPTION</b> *****CONFIRM ONLY-DO NOT DUPLICATE***** RECEIVING INFORMATION: ENG/EW3 BB 9-96 *SERVICES FOR ASBESTOS REMOVAL FOR EW3 INVOICE ATTACHED *REMOVAL FLOOR TILE EW3		<b>UNIT PRICE</b> 3375.0000	
<b>QUANTITY</b> 1		<b>DEPARTMENT CODE</b> TO MATT 1477-73600	
<b>UNIT OF ORDER</b> EA 381		<b>UNIT PRICE</b> 2673.0000	
<b>VENDOR'S ITEM NUMBER</b> 362		<b>UNIT PRICE</b> 2673.00	
<b>LINE ITEM</b> 676		<b>TOTAL</b> 6,048.00	
<b>8. Material Safety Data Sheets (MSDS) must be provided where applicable.</b>		<b>BY</b> AUTHORIZED SIGNATURE	
<b>9. Items on this order may be subject to PA Sales and Use Tax where applicable.</b>			
<b>10. It is the policy of St. Luke's Hospital not to pay handling fees, minimum order charges, or late payment charges.</b>			

<b>PURCHASING DEPARTMENT</b> 610-954-4797 FAX #610-954-4798 PA SALES TAX EXEMPT I.D. NO. 75-04339-1 FEDERAL TAX I.D. NO. 23-1352213		<b>PURCHASE ORDER</b> NO. 257928	
<b>VENDOR</b> SARGENT ENTERPRISES, INC. PO BOX 193 JIM THORPE PA 18229		PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, PACKAGING AND CORRESPONDENCE SEND SHIPPING NOTICES AND ACKNOWLEDGEMENT TO PURCHASING DEPT. ADDRESS ALL SHIPMENTS TO THE HOSPITAL. RECEIVING DEPT. HOURS 8 A.M. TO 1 P.M. THE HOSPITAL WILL NOT BE RESPONSIBLE FOR DELIVERIES MADE AT ANY OTHER TIME OR TO ANY OTHER DESTINATION. SEND INVOICES TO: S. LUKE'S HOSPITAL, P.O. BOX 5346, BETHLEHEM, PA 18015	
<b>ATTN: RECEIVING PO#</b> 801 OSTRUM STREET BETHLEHEM PA 18015		<b>SHIP VIA</b> Best Way	
<b>FOB</b> Hospital		<b>P.O. DATE</b> 07/28/95	
<b>TERMS</b> 0.000% / 30		<b>DATE REQUIRE</b> 07/28/95	
<b>LINE</b> 676	<b>QUANTITY</b> 1	<b>UNIT OF ORDER</b> EA	<b>UNIT PRICE</b> 2673.0000
<b>VENDOR'S ITEM NUMBER</b> 1477-73600		<b>HOSPITAL ITEM NUMBER</b> (BB-9-96)	
*****CONFIRM ONLY-DO NOT DUPLICATE***** RECEIVING INFORMATION: OB/GYN CLINIC EW3 *REMOVAL OF ASBESTOS - FLOOR TILE EW3			
<b>8. Material Safety Data Sheets (MSDS) must be provided where applicable.</b>		<b>TOTAL</b> 2,673.00	
<b>9. Items on this order may be subject to PA Sales and Use Tax where applicable.</b>		<b>BY</b> AUTHORIZED SIGNATURE	
<b>10. It is the policy of St. Luke's Hospital not to pay handling fees, minimum order charges, or late payment charges.</b>			



# PURCHASE ORDER

**PURCHASING DEPARTMENT**  
215-954-4797  
FAX # 215-954-4798  
PA SALES TAX EXEMPT I.D. NO. 75-04339-1  
FEDERAL TAX I.D. NO. 23-1352213

**PURCHASE ORDER**

**VENDOR**

Asbestos Control, Inc.  
P.O. Box 194  
Jim Thorpe, PA 18229

PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, PACKAGING AND CORRESPONDENCE  
SEND SHIPPING NOTICES AND ACKNOWLEDGEMENT TO PURCHASING DEPT. ADDRESS ALL SHIPMENTS TO THE HOSPITAL. RECEIVING DEPT. HOURS 8 A.M. TO 1 P.M.  
THE HOSPITAL WILL NOT BE RESPONSIBLE FOR DELIVERIES MADE AT ANY OTHER TIME OR TO ANY OTHER DESTINATION.  
SEND INVOICES TO: ST. LUKE'S HOSPITAL, P.O. BOX 5345, BETHLEHEM, PA 18015

NO. 800,007

SUBJECT TO TERM  
AND CONDITION  
ON REVERSE SID

DATE REQUIRED

PO DATE

7/17/02

SHIP VIA

FOB.

TERMS

Net 30 Days

LINE ITEM	QUANTITY	UNIT OF ORDER	VENDOR'S ITEM NUMBER	DESCRIPTION	HOSPITAL ITEM NUMBER	DEPARTMENT CODE	LOC	UNIT PRICE	EXTENSION
1				Furnish all labor and material to remove asbestos as per your proposal dated 7/7/02 attached.		Engineering S.W. Addition 1477.0100		\$9,961.00	\$9,961.00

Material Safety Data Sheets (MSDS) must be provided where applicable.

Items on this order may be subject to PA Sales and Use Tax where applicable.

**TOTAL**

BY *[Signature]*  
AUTHORIZED SIGNATURE

Form No. 14541 Rev. 1/91

RECEIVING COPY

010998-000115











# PURCHASE ORDER

PURCHASE  
ORDER

**NOOR**

Sargent Contracting Inc.  
P.O. Box 193  
Jim Thorpe, PA 18229

PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES; PACKING LISTS;  
 PACKAGING AND CORRESPONDENCE  
 SEND SHIPPING NOTICES AND ACKNOWLEDGEMENT TO PURCHASING DEPT.  
 ADDRESS ALL SHIPMENTS TO THE HOSPITAL. RECEIVING DEPT. HOURS 8 A.M.  
 TO 1 P.M.  
 THE HOSPITAL WILL NOT BE RESPONSIBLE FOR DELIVERIES MADE AT ANY  
 OTHER TIME OR TO ANY OTHER DESTINATION.  
 SEND INVOICES TO: ST. LUKE'S HOSPITAL, P.O. BOX 5346, BETHLEHEM, PA 18015

NO. 800,064

**SUBJECT TO TERMS  
AND CONDITIONS  
ON REVERSE SIDE**

SHIP VIA

**F.O.B.**

SHIP VIA

P.O. DATE

12/15/94

DATE REQUIRED

LINE ITEM	QUANTITY	UNIT OF ORDER	VENDOR'S ITEM NUMBER	DESCRIPTION	HOSPITAL ITEM NUMBER	DEPARTMENT CODE	LOC	UNIT PRICE	EXTENSION
1		ea	94064/SCI	Removal of asbestos in North Wing Bldg. 1st & 2nd Floors		Eng. Admin. 1477.01 S.W. Add.		\$788.00	\$788.00
				Invoice #243					

**Information security data sheets (infosec) must be provided where applicable.**

Items on this order may be subject to PA Sales and Use Tax where applicable.

is the policy of St. Luke's Hospital not to pay handling fees, minimum order charges, or late payment charges.

TOTAL

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**AUTHORIZED SIGNATURE**

Form No. 14541 Rev. 12/91







PURCHASE ORDER

Sargent Contracting, Inc.  
P.O. Box 193  
Jim Thorpe, PA 18229

PURCHASING DEPARTMENT  
215 - 954 - 4797  
FAX # 215 - 954 - 4798  
PA SALES TAX EXEMPT I.D. NO. 75-04338-1  
FEDERAL TAX I.D. NO. 23-1352213

PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS,  
PACKAGING AND CORRESPONDENCE  
SEND SHIPPING NOTICES AND ACKNOWLEDGEMENT TO PURCHASING DEPT.  
ADDRESS ALL SHIPMENTS TO THE HOSPITAL. RECEIVING DEPT. HOURS 8 A.M.  
TO 1 P.M.

THE HOSPITAL WILL NOT BE RESPONSIBLE FOR DELIVERIES MADE AT ANY  
OTHER TIME OR TO ANY OTHER DESTINATION.  
SEND INVOICES TO: ST. LUKE'S HOSPITAL, P.O. BOX 5345, BETHLEHEM, PA 18015

SHIP VIA

VENDOR NO.	TERMS	F.O.B.	DESCRIPTION	HOSPITAL ITEM NUMBER	DEPARTMENT CODE	LOC	UNIT PRICE	EXTENSION
1	1	ed	Removal of asbestos from 2nd floor CW2 and NW2 and NW6 80% completion of 3rd floor Centennial		Eng. Admin. 1477.01 Asbestos Removal SW		\$4,850.00 \$14,950.00	\$4,850.00 \$14,950.00 \$19,800.00

PURCHASE ORDER

NO. 800, 10

SUBJECT TO TERMS AND CONDITIONS ON REVERSE

DATE REQUIRED

P.O. DATE

6/7/95

TOTAL

BY

*Richard W. [Signature]*  
AUTHORIZED SIGNATURE

RECEIVING COPY

14541 Rev. 12/91

on this order may be subject to PA Sales and Use Tax where applicable.  
a policy of St. Luke's Hospital not to pay handling fees, minimum order charges, or late payment charges.

# PURCHASE ORDER

**ENDOR**

Sargent Contracting Inc.  
P.O. Box 193  
Jim Thorpe, PA 18229

**PURCHASING DEPARTMENT**  
215-954-4797  
FAX # 215-954-4798  
PPA SALES TAX EXEMPT I.D. NO. 75-0433  
FEDERAL TAX I.D. NO. 23-1352213

# PURCHASE ORDER

NO. 800,113

**SUBJECT TO TERMS  
AND CONDITIONS  
ON REVERSE SIDE**

ENDORSE NO. TERMS

20

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1001

6/27/95

LINE ITEM	QUANTITY	UNIT OF ORDER	VENDOR'S ITEM NUMBER	DESCRIPTION	HOSPITAL ITEM NUMBER	DEPARTMENT CODE	LOC	UNIT PRICE	EXTENSION
1				Invoice #344 - Removal of spray fireproofing 7th Floor/Centennial		Eng. Admin. 1477.01 S.W. Add.		\$13,250.00	\$13,250.00
				- Removal of Piping throughout 7th Floor				<del>\$11,425.00</del> \$14,675.00	\$14,675.00
				Invoice #344-A - Removal of spray fireproofing 3rd Floor/Centennial - (Complete)				\$3,730.00	\$3,730.00

Material Safety Data Sheets (MSDS) must be provided where applicable.

Items on this order may be subject to PA Sales and Use Tax where applicable.

is the policy of St. Luke's Hospital not to pay handling fees, minimum order charges, or late payment charges.

TOTAL

BY John A. Cronk

Form No: 14541 Rev. 12/91

RECEIVING COPY





# PURCHASE ORDER

**PURCHASING DEPARTMENT**  
215 - 954 - 4797  
FAX # 215 - 954 - 4798  
PA SALES TAX EXEMPT I.D. NO. 75-04339-1  
FEDERAL TAX I.D. NO. 23-1352213

# PURCHASE ORDER

Sargent Contracting  
P.O. Box 193  
Jim Thorpe, PA 18229

**ENDOR**

**PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, PACKAGING AND CORRESPONDENCE**  
**SEND SHIPPING NOTICES AND ACKNOWLEDGEMENT TO PURCHASING DEPT.**  
**ADDRESS ALL SHIPMENTS TO THE HOSPITAL, RECEIVING DEPT. HOURS 8 A.M. TO 1 P.M.**  
**THE HOSPITAL WILL NOT BE RESPONSIBLE FOR DELIVERIES MADE AT ANY OTHER TIME OR TO ANY OTHER DESTINATION.**  
**SEND INVOICES TO: ST. LUKE'S HOSPITAL, P.O. BOX 5345, BETHLEHEM, PA 18015**

**NO. 800,121**

**SUBJECT TO TERMS  
AND CONDITIONS  
ON REVERSE SIDE**

**P.O. DATE**

P.O. DATE  
7/28/95

SHIP VIA

**FOR**

## TERMS

**INDEX NO.**

## EXTENSION

- price

1.08

DEPARTMENT

HOSPITAL  
ITEM

DESCRIPTION

**VENDOR'S**

UNIT OF

QUANTITY

LINE

Removal of asbestos fireproofing/piping  
in 3rd floor, Centennial Wing.

Eng. Admin.  
1477.01

\$12,858.00  
442.00

\$12,858.00  
442.00

**\$13,300.00**

**\$13,300.00**

**Material Safety Data Sheets (MSDS) must be provided where applicable.**

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**Is the policy of St. Luke's Hospital not to pay handling fees, minimum order charges, or late payment charges.**

TOTAL

BY Richard W. Wenzel  
AUTHORIZED SIGNATURE

Form No. 14541 Rev. 12/91

010998-000125





# PURCHASE ORDER

**PURCHASING DEPARTMENT**  
215 - 954 - 4797  
FAX # 215 - 954 - 4798  
PA SALES TAX EXEMPT I.D. NO. 75-043  
FEDERAL TAX I.D. NO. 23-1352213

# PURCHASE ORDER

## VENDOR

Sargent Contracting  
P.O. Box 193  
Jim Thorpe, PA 18220

PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES. PACKING LISTS  
 PACKAGING AND CORRESPONDENCE  
 SEND SHIPPING NOTICES AND ACKNOWLEDGMENT TO PURCHASING DEPT.  
 ADDRESS ALL SHIPMENTS TO THE HOSPITAL. RECEIVING DEPT. HOURS 8 A.M.  
 TO 1 P.M.  
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 SEND INVOICES TO: ST. LUKE'S HOSPITAL, P.O. BOX 5345, BETHLEHEM, PA 18015

**NO. 800,123**

**SUBJECT TO TERM  
AND CONDITION  
ON REVERSE SID**

VENDOR NO.	TERMS	F.O.B.	SHIP VIA	P.O. DATE	DATE REQUIRED
				8/17/95	

[illegible]

**Material Safety Data Sheets (MSDS) must be provided where applicable.**

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TOTAL

BY Richard V. Vanecko  
AUTHORIZED SIGNATURE